



CITY OF ARLINGTON YOUTH OUTDOOR SOCCER



Spring 2009



Important League Information

Registration Dates: Feb 1-28*
Season Start Date: March 21
Registration Fee: \$65 per player
Facility Card: \$12 per player (good for 1 year)
Ages: 3 - 12 years

Coaches Meeting: Thursday, March 5, 7:00 pm @ MRC.
Mandatory attendance for coaches.

Parents Meeting: Saturday, March 7, 10:00 am @ MRC.
Please do not allow children to attend meetings.

**All Meetings are held at
Meadowbrook Recreation Center
1400 Dugan, Arlington 76010**

- Age Determination Date is **September 1, 2008**.
- All Participants must have a Facility Card.
- League fee includes 8 games, jersey and award.
- Head Coach receives shirt and training materials.

***Participants registering in the league after February 28 are subject to availability and will be charged a \$15 late registration fee.**

Outdoor Soccer Skill Clinic For Ages 5-12



Ball Control: Barcode 106073
March 14: 9:00 - 10:00 am

Players will learn to control the ball with both feet and move about the field comfortably. Focus will be placed on dribbling, receiving and trapping the ball.

Defense and Offense: Barcode 106076
March 14: 10:00 - 11:00 am

Players will focus on defensive techniques such as field coverage, positions, team passing and receiving. Players will work on attacking, tactics and strategies such as breakaways and basic movement of the ball.

Clinic Fees

League Participant: \$15 per session or \$25 for two sessions
Non-league Participant: \$25 per session or \$35 for two sessions

Participants need to wear shin guards and bring a soccer ball.

Refund Policy:

No refunds will be made unless leagues are cancelled by the Parks & Recreation Department.



For additional league or clinic information call:
Elzie Odom Recreation Center (EORC)
1601 NE Green Oaks Blvd.

Phone: (817) 459-6434 Return fax: (817) 459-6448



City of Arlington 2009 Spring Outdoor Soccer (Barcode - 105523)

Please Print

Child's Name: _____ Age: _____ Sex: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Parents' Names: _____ Child's Birthday: _____

E-mail Address: _____ School: _____

Wanting to coach a team? NO YES (If yes, please contact the Athletics Office & plan to attend the coaches meeting).

Please circle age group: 3/4 coed 5/6 coed 7/8 coed 9/10 coed 11/12 coed

 North or South North or South North Only North Only North Only

 (Circle one) (Circle one)

I hereby give permission for my child to enter a multi-purpose Recreation Center, unattended by the parent/guardian, and to engage in non-structured recreation and athletic activities. In the event my child is injured and I cannot be reached to make emergency medical arrangements or circumstances make it impossible for me to be reached, I hereby authorize a Parks and Recreation Department employee to take my child to a physician on call, or to the nearest emergency hospital. I covenant and agree, that for and in consideration of my child's participation in such activities, to indemnify and hold harmless the City of Arlington, it's employees, agents, sponsors and volunteers assisting in these activities, from any and all damages, claims or liability of any kind, whatsoever, from any injury or death to my child or damage to property, arising or resulting from my child's participation in these activities. I verify that all information on this form, including my child's date of birth is correct and accurate.

(Parent/Guardian Signature)

(Date)

Coach / Team / Players Request: _____